Case: 1:22-cv-01455-DAP Doc #: 9-3 Filed: 11/09/22 1 of 2. PageID #: 121

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF								COURT CASE NUM	MRER	<u></u>	
JOHN KOE								1:22-cv-1455-DAP			
DEFENDANT								TYPE OF PROCESS			
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.								SUMMONS AND COMPLAINT			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN											
SERVE UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, C/O ACFB INCORPORATED											
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 PUBLIC SQUARE, STE 2300, CLEVELAND, OH 44144											
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							Number of process to be served with this Form 285				
JOHN KOE PO BOX 527								Number of parties to be served in this case 2			
NOVELTY OH 44072-0527								Check for service on U.S.A.			
				-	XPEDITING SE	RVICE (In	clude	Business and Alterna	ite Addresses,		
All Telephone Numbers, and Estimated Times Available for Service):											
Signature of Attorney other Originator requesting service on behalf of: X PLAINTIFF TELEPHONE							ONE I	UMBER DATE			
Jest	, loe			☐ DEFENDANT 330-732-500			2-500	01 11/04/2022			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE											
				Signature of A	Signature of Authorized USMS Deputy or Clerk Da						
number of process indicated. (Sign only for USM 285 if more			Origin	Serve	/e						
than one USM 285 is submitted)		No.	No	· <u></u>							
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.											
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)											
Name and title of individual served (tf not shown above)								Date	Time	am pm	
Address (complete only different than shown above)							Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Cha		warding Fee	Total Charges	Advance	Deposits		Amount owed to U.S. Marshal* or			
(including endeavors)							(Am	nount of Refund*)			
				<u></u>							

REMARKS

Case: 1:22-cv-01455-DAP Doc #: 9-3 Filed: 11/09/22 2 of 2. PageID #: 122

U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF						COURT CASE NIII	MDED			
JOHN KOE			COURT CASE NUMBER 1:22-cv-1455-DAP							
DEFENDANT]	TYPE OF PROCESS							
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.							SUMMONS AND COMPLAINT			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN UNIVERSITY HOSPITALS HEALTH SYSTEM, INC., C/O ACFB INCORPORATED										
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)										
200 PUBLIC SQUARE, STE 2300 , CLEVELAND, OH 44144										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be 2										
JOHN KOE		Number of parties to be								
PO BOX 527							served in this case 2			
NOVELTY OH	44072-0527	Check for service								
SPECIAL INSTRUC	on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,									
	bers, and Estimated Time			Ju Estilito se		200000000000000000000000000000000000000	nic / zww cases,			
Signature of Attorney other Originator requesting service on behalf of:										
	ONE NUMBER									
John Kee DEFENDANT 330-732-500										
		FOR USE OF U.	S, MARSHAL	ONLY - DO	NOT W	RITE BELOW THI	S LINE			
I acknowledge receip number of process in		rocess District of Origin	District to Serve	Signature of Au	uthorized US	SMS Deputy or Clerk	Date			
(Sign only for USM	285 if more	No.	No.							
than one USM 285 i				<u> </u>						
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.										
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)										
Name and title of inc	Date	Time	am							
								pm pm		
Address (complete only different than shown above)							Signature of U.S. Marshal or Deputy			
						ļ				
Service Fee	Total Mileage Charges	Forwarding Fee	Total Charges	Advance	Denosits	Amount owed to U.S. Ma	rshal* or			
24	(including endeavors)	* or	. 5.00	1147411001		(Amount of Refund*)				

REMARKS